Signature

Title and Company

NOTE: Signatures of all the in-

signature is required, see below*

*Total of 2

Att

in-Fact, Warner-Lambert Company LLC

forms are submitted.

Name

PTC/SB/81 (07-08)
Approved for use through 12/31/2008, OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are require to respond to a collection of information unless it displays a valid OMB control numb **Application Number** 10/795,898 POWER OF ATTORNEY Filing Date March 8, 2004 OR First Named inventor Domingue Nicolas Cade REVOCATION OF POWER OF ATTORNEY Title Apparatus For and Method of Sealing Capsules WITH A NEW POWER OF ATTORNEY Art I Init AND **Fyaminar Name** Edmund H. Lee CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number PC25692A I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer 28523 × Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith; Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. The address associated with Customer Number: Firm or Individual Nam Address City State Zip Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. × Statement under 37 CFR 3,73(b) (Form PTO/SB/96) submitted herewith or filed on

This collection of information is required by 37 CPR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO be process) an application. Confidentially is governed by \$5 U.S. C. 12 and 37 CPR 1.11 and 1.41. This collection is estimated to take 3 mixture to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of the up our require to complete this form and/or suggestions for motioning this burden, should be sent to the Chel information Children and Commence, P.O. Box 1450, Mexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission or for Patients, P.O., Box 1450, Mexandria, VA 22313-1450.

SIGNATURE of Applicant or Assignee of Record

Date

signees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

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